## **Amendment Transmittal Letter**

Docket Number

LASP:131US

Address To Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

		Title of Invent	ion	i							
OPTICAL DEVICE ANI LIGHT BEAMS OF VAI		COMPRISING AN OPTICAL		R THE COL	LINEAR COMBINATION OF						
First Named Inventor	Volker Seyfried										
Application No.	10/567,679										
Filing Date	October 18, 2006										
Examiner	Ricky D. Shafer										
Art Unit	2872										
The fee has been calc	culated and is transn	the above-identified applicantited as shown below.	ation.								
Fee Calculation											
For	#Filed	Claims as Amend #Previously Paid For	#Extra	Pata	500						
Total Claims	#Filed 23	- 23 =	#LAUG	Rate x 52 =	Fee						
Total Indep. Claims	2	- 3 =		× 220 =							
	М	lultiple Dependent Claims (c	check if applica	able)							
				TOTAL	\$0						
		Method of Payr	nent		\						
☐ Deposit Account	Credit Card	Check Money	Order X O	other: online	credit card						
Deposit Account Numl											
Charge the fee(s)  Charge any addition  Charge fee(s) indi  Credit any overpar	set forth above ional fee(s) or under icated above, excep syments	·	7 CFR 1.16 ar	nd 1.17							
		m may become public. ( Iformation and authoriz			n should not be included 38.						
Amount Grand Total											

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LASP:131US

Correspondence Address											
Customer Number	24041										
			-OR-								
Name											
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Certificate of Ma  I hereby certify that th documents, and fee (if a with the United States Po Office to Addressee" se envelope addressed to 6 Box 1450, Alexandria, V indicated below:	Certificate of Mailing by First Class Mail  I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:  (Date of Mailing) (Name of Person Mailing Correspondence)										
(Date	e of Mailing)		(Signature of Person Mailing Correspondence)								
(Typed or Printed Name of (Signature of Person	Certificate of Transmission  I hereby certify that this Amendment, accompanying documents, and fee (if appropriate) authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:										
("Express Mail"	(Date of Transmission) (Name of Person Transmitting Correspondence)										
	(Signature of Person Transmitting Correspondence)										
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If a practitioner is Utility menu.	of the person who will electronically not present in the drop-down list signatory information is correcting sign the form manually, simple	y sign the A	t close this form	and se	lect 'Add Pract	titioner		· ·			
Signatory Drop-Down Box Atkinson, Robert C.											
Name	R	egistration Nu	ımber		57,584						
Signatory Capacity	Attorney for Applicant(s) E-mail Address						L	J1,JU7			
eSign	/Robert C. Atkinson/		L-man Addres	<u> </u>	.]	Date S	2:	05/22/2009			